Investing in Tobacco Control: A Guide for State Decisionmakers

Presented by

Centers for Disease Control and Prevention
Office on Smoking and Health

Satellite Conference

February 15, 2001

1:00 p.m. – 3:00 p.m. E.S.T.

CDC
SAFER•HEALTHIER•PEOPLE™
www.cdc.gov/tobacco

Public Health Training Network
www.cdc.gov/phtn/tobacco

The Opportunity & The Challenge

Tobacco Kills

- Most people know someone who has died from tobacco-related illness.
- Tobacco use causes more deaths each year in the United States than AIDS, alcohol, cocaine, heroin, homicide, suicide, and motor vehicle crashes combined.
- Smoking is a major risk factor for heart disease, lung cancer, and chronic lung diseases—all leading causes of death.
- Tobacco-related deaths number more than 430,000 per year in the United States, or 1,178 deaths per day.
- Reducing smoking rates can prevent deaths from heart disease, stroke, chronic obstructive lung disease, and cancers of the lung, mouth, larynx, esophagus, and bladder.

Tobacco Costs Everyone Money

- Direct medical care costs from smoking total at least $50 billion each year, or about 6–8 percent of U.S. medical care costs.

Tobacco Use Is Widespread

- About one in four adults smokes cigarettes.

Our Children Are Becoming Addicted

- Between 1988 and 1996, the percentage of teenagers taking up the habit jumped 73 percent. Teenage smoking rates appear to have leveled as of 1999.
- Each day, 6,000 persons younger than age 18 try their first cigarette, and more than 3,000 of them become daily smokers. One thousand of these young people will die of smoking- related causes.

Unique Opportunity: Allocated Resources for States

- The Master Settlement Agreement (MSA) has partially compensated each state for the costs of medical problems caused by tobacco. This funding offers an opportunity to organize and enhance comprehensive tobacco control programs that will lower the medical costs of tobacco use in the future.
- If states don't take advantage of this opportunity to develop comprehensive, sustainable, and accountable tobacco control programs, the costs and consequences of tobacco use will remain even after the MSA funds run out.

Tobacco use—particularly cigarette smoking—remains the leading cause of preventable illness and death in this country.

Our overall success in improving the health status of the U.S. population thus depends greatly on achieving dramatic reductions in the rate of tobacco use among both adults and young people.

Comprehensive Programs & Return on Your Investment

With adequate funding as recommended by the Centers for Disease Control and Prevention's in *Best Practices for Comprehensive Tobacco Control Programs,* comprehensive state programs can substantially reduce tobacco use over time.

A surveillance and evaluation system will assist state policymakers and others responsible for fiscal oversight in ensuring programs' accountability.

Components of a Comprehensive Program

CDC analyzed California's and Massachusetts' experiences and identified the components of a successful program.
These components include

1. Statewide programs
2. Community-based interventions
3. School-based interventions
4. Counter marketing
5. Cessation
6. Enforcement
7. Chronic disease programs
8. Surveillance and evaluation
9. Administration and management

It is the *combination* of these methods—not one alone—that creates the results.

Evaluation and Outcomes

Reducing the percentage of people smoking in a state requires sufficient resources that are applied effectively over a number of years.

Short-Term Outcomes (<12 months after the start of the program)

- ► In the first year, monitoring involves assessing the program's development and the implementation of activities.
- ► Short-term outcomes that may be measured in a survey or through program records in the first year include
  - Public awareness of the tobacco control program and of major media campaign themes
  - Increased numbers of smokers accessing new tobacco cessation services, if offered (for example, a toll-free quitline)
  - Increased antitobacco media coverage

Intermediate Outcomes (1–2.5 years after the start of the program)

- ► Activities continue and expand within the program.
- ► Intermediate outcomes may be measured by counting the number of new nonsmoking environments, by assessing sales to minors, and by conducting surveys.

More specifically, these measurements may include

- Increases in the establishment of public nonsmoking environments
- Increases in the establishment of nonsmoking private environments
- Decreases in cigarette sales to minors
- Increases in the target audience's knowledge of and attitudes toward the key messages used in the media campaign
- Decreases in the consumption of tobacco products
- Reduced number or proportion of low-birthweight infants

Long-Term Outcomes (2.5–5 years after the start of the program)

- ► Activities continue and expand within the program. Changes in the program's activities may be made to improve effectiveness.
- ► Long-term outcomes may be measured with surveys:
  - Decreased percentage of adults smoking
  - Decreased percentage of youth smoking
  - Decreased exposure to secondhand smoke

Longer Outcomes (10 or more years after the start of the program)

- ► These changes would be measured through analysis of health statistics:
  - Reduced number of tobacco-related cancers
  - Reduced number of heart attacks and strokes
  - Reduced health care costs related to tobacco

The Program

PURPOSE

To promote the recommendation of the Centers for Disease Control (CDC) that states establish tobacco control programs that are comprehensive, sustainable, and accountable. Additionally, the broadcast will show states what they can expect to achieve by following CDC's *Best Practices* guidelines.

SPONSORS

CDC's Office on Smoking and Health (OSH), in collaboration with the Public Health Training Network.

PARTNERS

CDC-OSH would like to thank the National Conference of State Legislatures, the National Association of County and City Health Officials, the National Association of Local Boards of Health, the National Governors' Association, and the Association of State and Territorial Health Officials for their assistance in preparing this conference. Also, local arrangements were made in most states by the state's tobacco control program or its partners.

I.

Introductions and Welcome to Participants

II.

The Opportunity

III.

The Challenge

IV.

Comprehensive Programs

V.

Return on Your Investment

VI.

Summary and Conclusions

For Webcasting information, visit our Web site at www.cdc.gov/phtn/tobacco

Speakers

Dr. David Satcher, M.D., Ph.D., U.S. Surgeon General

Dr. Satcher is the 16th Surgeon General of the United States. Previously Dr. Satcher served as Director of the Centers for Disease Control and Prevention (CDC) and, from 1993 to 1998, as Administrator of the Agency for Toxic Substances and Disease Registry. Before joining the Administration, he held several faculty positions.

Lawrence W. Green, Dr.P.H.

Dr. Green is Acting Director of CDC's Office on Smoking and Health. Previously, he was Director of the World Health Organization Collaborating Center on Tobacco and Health, with responsibility for the development and coordination of CDC's global tobacco control strategy. Dr. Green has extensive experience in health promotion and education and has held faculty positions at several universities.

James S. Marks, M.D., M.P.H.

Dr. Marks is Director of CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). He received his training in pediatrics at the University of California at San Francisco and was a fellow in the Robert Wood Johnson Clinical Scholars Program at Yale University, where he received his M.P.H. He has held a number of positions with CDC, including Assistant Director for Science of the Center for Health Promotion and Education; Coordinator for Chronic Disease Activities in the Office of the Director; Deputy Director for Public Health Practice, NCCDPHP; and Director of the Division of Reproductive Health.

Michael P. Eriksen, Sc.D.

Dr. Eriksen is a CDC senior biomedical research scientist assigned to the World Health Organization in Geneva, Switzerland, in the division of Noncommunicable Diseases and Mental Health. Formerly, as the Director of the CDC's Office on Smoking and Health, he provided Federal leadership in the development and analysis of comprehensive national tobacco legislation and a tobacco control strategy. Before joining CDC, he was a faculty member and the Director of Behavioral Research at the University of Texas' M.D. Anderson Cancer Center. Dr. Eriksen completed his academic work at Johns Hopkins University, including a doctorate of science from the School of Hygiene and Public Health.

Plus a number of state legislators and other experts

PLANNING COMMITTEE

- Doug Matheny, Tobacco Control Program Coordinator, Oklahoma State Department of Health
- Greg Oliva, California Department of Health Services
- Judy Martin, Tobacco Control Program Coordinator, Nebraska Department of Health
- Elizabeth Harvey, Tobacco Control Program Coordinator, Rhode Island Department of Health
- John Beasley, Tobacco Control Program Coordinator Chief (former), Tobacco Section, Michigan Department of Public Health
- Jim Martin, State Advisor on Preventing Teen Tobacco Use, North Carolina Tobacco Prevention and Control Branch
- Jerie Jordan, Program Consultant, CDC-OSH
- Dianne May, Program Consultant, CDC-OSH
- Melissa Albuquerque, CDC-OSH
- Dearell Niemeyer, Branch Chief, CDC-OSH
- Michele Garber, Consultant
- Michael Booth, Producer
- Carrie Dudley, Communications Specialist, ROW/FDC
- Phil Wilbur, Scientific Director, ROW/FDC
- Ted Buxton, Tobacco Control Specialist, ROW/FDC
- Deborah Houston McCall, Training/Instructional Design Specialist, ROW/FDC

Resources

For additional resources, visit CDC's TIPS Web site:

www.cdc.gov/tobacco

CDC-OSH Resources

Tobacco Information and Prevention Source (TIPS)
http://www.cdc.gov/tobacco

Best Practices for Comprehensive Tobacco Control Programs
http://www.cdc.gov/tobacco/bestprac.htm

Reducing Tobacco Use: A Report of the Surgeon General
http://www.cdc.gov/tobacco/sgr_tobacco_use.htm

Master Settlement Agreement (MSA) Resources

Major Provisions of the Master Settlement Agreement
One-page summary available in the Surgeon General's Report (page 194 of chapter 5)
http://www.cdc.gov/tobacco/sgr/sgr_2000/chapter5.pdf

National Association of Attorneys General: Tobacco Documents
Includes the full text of the MSA (useful for a historical perspective, although it does not offer current information on the topic)
http://www.naag.org/tobac/index.html

National Governors' Association: Tobacco Settlement
http://www.nga.org/health/Tobacco.asp

State Tobacco Settlement Special Report (The Campaign for Tobacco-Free Kids)
Includes a summary of the MSA, related fact sheets, and updates on state plans for the use of settlement funds
http://tobaccofreekids.org/reports/settlements/

State Tobacco Control Web Resources

California

California Department of Health Services, Tobacco Control Section
http://www.dhs.ca.gov/tobacco/

Florida

Florida Online Tobacco Education Resources
http://www.state.fl.us/tobacco/

Florida Tobacco Control Clearinghouse
http://www.ftcc.fsu.edu/

Tools and Tactics for Fighting Big Tobacco
http://www.ftcc.fsu.edu/teensite/main-page.cfm

SWAT (Students Working Against Tobacco)
http://www.wholetruth.com/asp/swat/fs_start.asp

The Truth
http://www.wholetruth.com/asp/truth/truth.asp

Massachusetts

Get Outraged
http://www.getoutraged.com/

Massachusetts Tobacco Control Program
http://www.state.ma.us/dph/mtcp/home.htm

Trytostop.org
http://www.trytostop.org/

Oregon

Tobacco Prevention and Education
http://www.ohd.hr.state.or.us/tobacco/welcome.htm

Oregon Tobacco Quitline
http://www.oregonquitline.org/

Notes

SAFER • HEALTHIER • PEOPLE™

www.cdc.gov/tobacco